

Name

Mailing address



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office:
House

District

Office: 45 Memorial Circle, Augusta, Maine

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Phone: 207-287-4179 Fax: 207-287-6775

□ Senate

## MAINE ETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

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City, zip code	UASSALBONU ,	ME	04989	Phone 622 - 3096
		N sakan la sipilit da an	ROM EMPLOYMENT BY AN	OTHER
List the name and economic activity of		om whom you red	ceived compensation of \$1,000 (	or more. Specify the principal type o
	me of Employer	titel til eg fil deltyggt fåre det deventigten det filmlige til filmlige som filmlige som en en en en en en en	Address	Principal Type of Economic Activity of Employer
WATERUR	LES & STATE - RETIGEMENT			SCHOOL DEPART-
STAT	E of Mains		BANAMANA BANAMANA MANAMANA MANAMANA MANAMANA MANAMANA	LEGISLITIUS Dury
		A Comment of the Comm	Fill all the transfer of the control	
			D FROM SELF-EMPLOYMEI no are self-employed.)	NT
A. List the name a associated with a pentity.	and address of your business,	, if any, and list th	e major areas of economic activi	ity from which you derived income. ajor areas of economic activity of that
	and Address of Business Entity		lajor Areas of Economic Activity (self)	Major Areas of Economic Activity
Name a	and Address of Edsiness Entity			t (partnership, association or similar business entity)
				(partnership, association or similar business entity)
- many among the Color and many places to be analysis for the second section of the sec	BROWNE & SON		UANACING PARTUEN	business entity)

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	(MENT
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the princentity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	The state of the s
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only )	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your fi	approxymentering on Augusty Angling Angling Commy visit account of the control of
Name and Address of Firm (self)	(firm)
Name:	orozonia kontrologo de la contrologo de
Address:	Pyrva.a.a.a.o.ii.min
Name:	
Address:	The state of the s
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include g	
None	JIIS. II HOHE, CHECK IIIE DOX.
Name and Address of Source	Kind of Income
	(investments, leases, etc.)
Name: NATANIS GOLF COUNTS & Address: WEBBEL POND ROAD WAS ALBONO	ROYALITIES
WEBBEL FORD FOAD UNESSALDORO	
Name: Address:	
Audicas.	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no	reporting period, and list the major ne, check the box.
□∕None	то достой не на принципання на не
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	умб044. На лік в біогії поіново постанова на повода по по повода по по повода по
A.14	

PART 6	. REPORTABLE GIFT	TS	
List the specific source of each gift of more than \$300. Incl nane, check the box.	lude gifts with an aggreg	jate value of more	than \$300 from a single source. If
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Name of Source of Gift		Name of f	Source of Gift
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2.	4.		
PART 7. RI	EPORTABLE HONOR	<b>EARIA</b>	
List the source of any honoraria accepted for appearances or	speeches related to you	ır legislative respo	nsibilities. If none, check the box.
None Name of Source of Honoraria		Nome of Soi	urce of Honoraria
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	g POLEGY LEPHAN LEWEN A NASIAN VAN BURGAN AN AND AND	www.gocine.co.co.co.co.co.co.co.co.co.co.co.co.co.	Tribbili Baracillaurik 2 del liinkin ar del yan hiji yan an hiji yan yan kiriyan yan yan yan yan yan yan yan yan kiriyan yan yan yan yan yan yan yan yan yan
2.	4.		
PART 8. REPRESENT	TATION BEFORE ST	ATE AGENCIES	
List each executive branch agency before which you represe	ented or assisted others	for compensation	of any amount. If none, check the
□/None		dental land talkada kadi da kada wa sala ladi yenama na mamor ya na mga kangga ga ye	**************************************
Name of Agency		Name /	of Agency
	3.		
2.	4.	uran hur gi megi-gi Tale-PAN-BB-PAN-B	
PART 9. BUSIN	IESS WITH STATE AC	GENCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate fan	nily sold goods or	services with a value in excess of
None	davesionen deleksen et en ek en vederen van de de elde land betreven de en en engen en engen en en en en en en	3966443266644696646666469664696646276647676676776676767676767676777677	Track-restablish funger represente programme p
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PART 10. INCOME RECEIVE	ED BY MEMBERS OF	- INMACDIATE E/	A SALL VISCOS ESTRE CONTROL OF
List the type of economic activity representing each source of			
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	d of income represented. include gifts.	If your spouse of	r domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activ Representing Source Income Received		Kind of Income
Name:	1.	Spouse or	1.
Job Title:	2. 3.	Domestic Partner	2. 3.
		Dependent	
If dependent child(ren) receive more than \$1,000 of income		Child	
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
		Dependent Child	

Organization/Blusiness and Address Title Position Held, Family Member's Compensated?    Position Held, Family Member's Saled?				f the family memb		
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PART 11. OFFICER OR DIRECTOR POSITIONS